Part II:

1) Scope and Range of the Rate Increase

The requested rate change for Small Group health benefit plans sold in the state of Iowa on the UnitedHealthcare Plan of the River Valley, Inc. license for Product ID 56610IA001 will be effective January 1, 2018 and impacts 1,120 covered lives. The rate change experienced by members will vary depending on plan selection and geographic area. Additional premium changes may occur upon renewal due to changes in member age, changes in plan selection, and changes in geographic location.

(2) Financial Experience of the Product

The benefit care ratio for this product during the 2016 calendar year is 70.3%. This ratio is the portion of premium that is needed to pay medical claims. The complement of the benefit care ratio is the portion of premium needed for taxes and fees, administrative expenses, and margin.

(3) Changes in Medical Service Costs

There are many different healthcare cost trends that contribute to increases in the overall U.S. healthcare spending each year. These trend factors affect health insurance premiums, which can mean a premium rate increase to cover costs. Some of the key healthcare cost trends that have affected this year's rate actions include:

- Increasing cost of medical services: Annual increases in reimbursement rates to healthcare providers, such as hospitals, doctors, and pharmaceutical companies.
- Increased utilization: The number of office visits and other services continues to grow. In addition, total healthcare spending will vary by the intensity of care and use of different types of health services. The price of care can be affected by the use of expensive procedures such as surgery versus simply monitoring or providing medications.
- Higher costs from deductible leveraging : Healthcare costs continue to rise every year. If deductibles and copayments remain the same, a higher percentage of healthcare costs need to be covered by health insurance premiums each year.
- Cost shifting from the public to the private sector: Reimbursements from the Centers for Medicare and Medicaid Services (CMS) to hospitals do not generally cover the cost of providing care to these patients. Hospitals typically make up this reimbursement shortfall by charging private health plans more.
- Impact of new technology: Improvements to medical technology and clinical practice often result in the use of more expensive services, leading to increased healthcare spending and utilization.

(4) Changes in Benefits

Changes in covered benefits impact costs and therefore affect premium changes. Benefit plans are typically changed for one of three reasons: to comply with the requirements of the Affordable Care Act or state law, to respond to consumer feedback, or to address a particular medical cost issue to provide greater long-term affordability of the product.

(5) Administrative Costs and Anticipated Margins

UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and developing programs and innovations that make healthcare more affordable. We have led the marketplace by introducing key innovations that make healthcare services more accessible and affordable for customers, improve the quality and coordination of healthcare services, and help individuals and their physicians make more informed healthcare decisions. Taxes and fees imposed by the State and Federal government are significant factors that impact healthcare spending and have to be included in the administrative costs associated with the plans. These fees include Affordable Care Act taxes and fees which impact health insurance costs and need to be reflected in premium. Another component of premium is margin, which is set to address expected volatility and risk in the market.

The requested rate change is anticipated to be sufficient to cover the projected benefit and administrative costs for the 2018 plan year.

Part III

Federal Rate Filing Justification Part III Actuarial Memorandum and Certification

UnitedHealthcare Plan of the River Valley, Inc.

NAIC: 95378

FEIN: 36-3379945

State of Iowa Rate Review

Table of Contents

Section 1: Purpose

Following is a rate filing prepared by UnitedHealthcare Plan of the River Valley, Inc. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of Iowa. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold off the Small Business Health Options Program in Iowa for the 2018 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the Iowa Insurance Division. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors. It is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by 45 CFR §§5.1 – 5.69, and 45 CFR §154.215 (i)(2). If the prohibition against disclosure by the Department of Health and Human Services or the Iowa Insurance Division is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name:	UnitedHealthcare Plan of the River Valley, Inc.
State:	Iowa
HIOS Issuer ID:	56610
Market:	Small Business, 1-50
Proposed Effective Date:	January 01,2018

Primary Contact Information

Name:

Telephone Number:

Email Address:

Section 3: Proposed Rate Changes

[redacted]

- Changes in medical service costs
  - Increasing Cost of Medical Services – Annual increases in reimbursement rates to health care provide – such as hospitals, doctors and pharmaceutical companies.
  - Increased Utilization – The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
  - Higher Costs from Deductible Leveraging – Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
  - Cost shifting from the public to the private sector – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals do not generally cover all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this difference by charging private health plans more.
  - Impact of New Technology – Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
  - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
  - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.

- State and/or Federal government imposed taxation and fees are another significant factor that impacts health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.

- Changes that vary by plan
  - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
  - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience Period Premium and Claims

Paid Through Date

The experience period is 1/1/2016 through 12/31/2016, with claims paid through 2/28/2017. Premiums (net of MLR Rebate) in Experience Period

[redacted]

The claims data was available directly from company claims records.

Support for estimate of incurred but not paid claims

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid and payable claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various legal entity, market and group size levels. The assignment of the claims data into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard algorithms based on historical claim experience. The Claims Accounting Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process includes:

1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
    - Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

The same completion factors are applied to both incurred and allowed claims amounts.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

[redacted]

[redacted]

Trend

24 months of trend were applied to our 2016 experience to project it to the 2018 rating period. Our most recent analysis indicates annual trend in the state of Iowa for the 2017 and 2018 calendar years will be [redacted] table below details the components of each trend factor.

[redacted]

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro- economic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Source and Appropriateness of Data Used

- [redacted]

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

User Defined Member Month Credibility Threshold

[redacted]

Section 9: Paid-to-Allowed Ratio

Paid-to-allowed ratios were developed for each plan using the proprietary UnitedHealthcare pricing model. This model uses nationwide UnitedHealthcare experience, which is fully credible. Claim data is projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category level (inpatient, outpatient, etc.). Benefit design parameters such as deductibles, copays, and coinsurance rates are applied to the claim distributions of the matching service category. Cost sharing is applied, and the values of each service category are summed to determine an overall benefit value, or paid-to- allowed ratio. In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

The average paid-to-allowed ratio is based on the paid-to-allowed ratios developed for each plan using the model discussed above and weighting them by the projected membership by plan. The member distribution is discussed under Section 21 (*Membership Projections*) of this memorandum.

Section 10: Risk Adjustment and Reinsurance

Experience Period Risk Adjustment and Reinsurance Adjustments (PMPMs)

[redacted]

[redacted]

Since this is a small group filing and the state of Iowa chose not to combine its individual and small group markets, reinsurance recoveries are not applicable to this rate filing. As such, no adjustments were made to the experience.

Projected Risk Adjustments Net of Risk Adjustment User Fees

[redacted]

[redacted]

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The reinsurance program ended in 2016. As such, reinsurance premiums were not included in the 2018 rate development.

Section 11: Non-Benefit Expenses and Profit

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results (GAAP) for 2016 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 1, Section 3 of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the target loss ratio and the administrative expenses, taxes and fees.

The profit and risk margin results in a MLR above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

[redacted]

Section 12: Projected Loss Ratio

Unit [redacted] the actual market MLR fall below the 80.0% requirement.

Section 13: Single Risk Pool

The single risk pool reflects all covered lives for every small group non-grandfathered product and plan combination for UnitedHealthcare Plan of the River Valley, Inc. in the state of Iowa. It is established in accordance with the requirements of 45 CFR §156.80(d).

Section 14: Index Rate

The Index Rate for the experience period is equal to the allowed claims PMPM. [redacted]

Small Group Trend Adjustment

We are proposing premium rates that trend by quarter. The trend assumption only includes unit cost and utilization trend as this calculation is on an allowed basis.

[redacted]

Section 15: Market Adjusted Index Rate

The market adjusted index rate includes market-wide adjustments for the risk adjustment program and exchange user fees. Please refer to Section 10 (*Risk Adjustment*) and Section 11 (*Non-Benefit Expenses and Profit*) of this memorandum for a brief description of each of these items. Incurred values were grossed up by the average paid-to-allowed ratio to reflect an allowed basis.

[redacted]

Section 16: Plan Adjusted Index Rates

The development of the projected index rate and all rating factors is in compliance with all applicable federal statutes and regulations (45 CFR 156.80 and 147.102)

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

[redacted]

Provider network, delivery system and utilization management adjustment Any adjustments for these items are included in the plan relativity factors.

Benefits in Addition to EHBs

[redacted].

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, PCORI fees, SG&A, quality improvements, federal income tax, and after-tax income. These items were previously discussed in Section 11 (*Non-Benefit Expenses and Profit*) of this memorandum. Risk adjustment transfers and user fees and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Section 17: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

[redacted]

Geographic Calibration

[redacted]

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2018 rate development.

[redacted]

Population morbidity by area was not considered when determining geographic area factors.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Tobacco Calibration

[redacted]

Section 18: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate by the average age and geographic rating factors, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate
/ Age Calibration Factor
/ Geographic Calibration Factor
* Consumer Specific Age Rating Factor
* Consumer Specific Geographic Rating Factor
*Small Group Trend Adjustment
=Consumer Adjusted Premium Rate

Small Group Trend Adjustment

Since this is a small group filing that includes rates with scheduled trend increases by quarter, the Index Rate, Market Adjusted Index Rate and Plan Adjusted Index Rate reflect the member weighted average premium over the calendar year. As such, the Consumer Adjusted Premium Rate needs to include a trend adjustment specific to the quarter for which the rates are being calculated. The trend factors used to develop the consumer adjusted premium rates are shown below.

Section 19: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan. Please refer to Section 9 (*Paid-to-Allowed Ratio*) of this memorandum for further detail regarding our estimate of the portion of allowed costs covered by each plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies.

Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

[redacted]

[redacted]

[redacted]

[redacted]

Section 20: AV Pricing Values

The AV pricing values represent the cumulative effect of adjustments made by the issuer to move from the market adjusted index rate to the plan adjusted index rate. Each of the allowable modifiers to move from the market adjusted index rate to the plan adjusted index rate was previously discussed in Section 16 (*Plan Adjusted Index Rates*) of this memorandum.

Section 21: Membership Projections

The 2018 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2018. Strictly for purposes of the URRT, we have projected membership by plan.

Section 22: Terminated Products

There are no products being terminated in this rate filing.

A list of terminated Single Risk Pool plans can be found in the appendix. Terminated plans will be mapped to another plan in the projection period for purposes of completing the URRT. The mapping is included in the appendix. It should be noted that this mapping is preliminary and may deviate based on business decisions and practices at a future date.

Section 23: Plan Type

Plan Types of POS and HMO have been selected.

Section 24: Warning Alerts

Warning – PAIRs in projection period

The Single Risk Pool Gross Premium Avg. Rate in Worksheet 1 is lower than the Plan Adjusted Index Rate in Worksheet 2 because the average rate PMPM in Worksheet 1 represents the projection period 1/1/18 – 12/31/18, whereas the Plan Adjusted Index Rate in Worksheet 2 reflects quarterly trend adjustments by accounting for rate effective dates throughout 2018.

Section 25: Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

UnitedHealthcare Finance Department

- Projected SG&A Assumption

UnitedHealthcare National Pricing Team

- Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

- Projected Trend
- Claims Reserves
- ACO/Premium Designated Provider Cost savings estimates
- Plan Relativity Modeling

Section 26: Actuarial Certification

I, , FSA, MAAA, am a Senior Actuarial Consultant for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
  - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
  - Developed in compliance with the applicable Actuarial Standards of Practice.
  - Reasonable in relation to the benefits provided and population anticipated to be covered.
  - Neither excessive, deficient, nor unfairly discriminatory.

- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CRF 156.80(d)(2) were used to generate plan level rates.

- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.

- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.

- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

6/5/2017

Date

Part I – Worksheet 1:

Unified Rate Review v4.2

Add Product | Add Plan | Validate | Finalize

Company Legal Name: **UnitedHealth**
HIOS Issuer ID: **56610** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2018**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2016 to 12/31/2016

	Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$50,853,407	$356.53	100.00%
Incurred Claims in Experience Period	$35,772,795	250.80	70.34%
Allowed Claims:	$45,981,716	322.37	90.42%
Index Rate of Experience Period		$322.37	
Experience Period Member Months	142,635		

Section II: Allowed Claims, PMPM basis

	Experience Period on Actual Experience Allowed				Projection Period: 1/1/2018 to 12/31/2018 — Mid-point to Mid-point, Experience to Projection: 24 months									
					Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	59.74	$10,637.54	$52.95	1.005	1.098	1.031	1.036	64.43	$12,415.41	$66.67	63.13	$14,906.20	$78.41
Outpatient Hospital	Services	1,121.95	883.88	82.64	1.005	1.098	1.031	1.036	1,210.20	1,031.61	104.04	2010.21	780.02	130.67
Professional	Visits	8,245.05	159.15	109.35	1.005	1.098	1.031	1.036	8,893.63	185.74	137.66	7796.10	217.63	141.39
Other Medical	Services	2,120.05	100.00	17.67	1.005	1.098	1.031	1.036	2,286.82	116.71	22.24	1285.56	119.68	12.82
Capitation	Benefit Period	12,000.00	0.96	0.96	1.005	1.098	1.031	1.036	12,943.95	1.12	1.21	12870.72	8.12	8.71
Prescription Drug	Prescriptions	7,658.10	92.14	58.80	1.005	1.098	1.031	1.036	8,260.51	107.54	74.03	8483.34	100.30	70.91
Total				$322.37							$405.84			$442.90

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Claims PMPM (w/applied credibility if applicable)	62.95%	37.05%	$419.58	$54,825,290
Paid to Allowed Average Factor in Projection Period			0.671	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$281.54	$36,787,770
Projected Risk Adjustments PMPM			-11.04	(1,442,575)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$292.58	$38,230,344
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$292.58	$38,230,344
Administrative Expense Load		15.50%	59.84	7,818,582
Profit & Risk Load		2.26%	8.72	1,140,000
Taxes & Fees		6.45%	24.90	3,253,539
Single Risk Pool Gross Premium Avg. Rate, PMPM			$386.04	$50,442,465
Index Rate for Projection Period			$439.79	
% increase over Experience Period			8.28%	
% Increase, annualized:			4.06%	
Projected Member Months				130,668

Part I – Worksheet 2:

Product-Plan Data Collection

Company Legal Name: **UnitedHealthcare Plan of the River Valley, Inc.** State: **IA**
HIOS Issuer ID: **56610** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2018**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																		56610IA01 Plans																	
Product ID:																		56610IA001																	
Metal:		Not Applicable	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
AV Metal Value		0.000	0.885	0.819	0.795	0.815	0.799	0.693	0.716	0.720	0.719	0.720	0.720	0.796	0.000	0.000	0.000	0.820	0.818	0.813	0.886	0.820	0.816	0.797	0.901	0.000	0.816	0.716	0.000	0.000	0.000	0.000	0.000	0.000
AV Pricing Value		0.000	1.132	0.942	0.932	0.968	0.934	0.835	0.799	0.927	0.764	0.771	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010	0.010
Plan Category		Terminated	New	Renewing	Renewing	New	New	Renewing	Renewing	Renewing	New	New	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated	Terminated
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		Terminated Products	AV-ZA	AD-PS	AV-YU	AV-ZB	AV-ZD	AV-Y7	AD-SA	AV-Y6	AV-ZF	AX-BF	AM-RJ	AD-QN	0	0	0	AD-PM	AD-PN	AD-PO	AD-PP	AD-Q2	AD-PQ	AD-PR	AD-RZ	ADR8	AD-SD	AD-SP	0	0	0	0	0	0
Plan ID (Standard Component ID):		56610IA0010000	56610IA0010231	56610IA0010124	56610IA0010163	56610IA0010232	56610IA0010233	56610IA0010096	56610IA0010168	56610IA0010223	56610IA0010234	56610IA0010235	56610IA0010085	56610IA0010086	56610IA0010101	56610IA0010102	56610IA0010103	56610IA0010117	56610IA0010118	56610IA0010119	56610IA0010120	56610IA0010121	56610IA0010122	56610IA0010123	56610IA0010158	56610IA0010166	56610IA0010171	56610IA0010177	56610IA0010007	56610IA0010009	56610IA0010011	56610IA0010012	56610IA0010014	56610IA0010015
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																		0.00%																
Historical Rate Increase - Calendar Year - 1																		0.00%																
Historical Rate Increase - Calendar Year 0																		0.00%																
Effective Date of Proposed Rates		1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
Rate Change % (over prior filing)		0.00%	0.00%	15.30%	2.00%	0.00%	0.00%	2.60%	10.70%	21.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	16.20%	2.80%	0.00%	0.00%	3.40%	11.60%	22.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	22.77%	5.28%	#DIV/0!	#DIV/0!	14.34%	19.73%	31.55%	#DIV/0!	#DIV/0!	-100.00%	-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Rate Increase %																		10.59%																

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	56610IA0010000	56610IA0010231	56610IA0010124	56610IA0010163	56610IA0010232	56610IA0010233	56610IA0010096	56610IA0010168	56610IA0010223	56610IA0010234	56610IA0010235	56610IA0010085	56610IA0010086	56610IA0010101	56610IA0010102	56610IA0010103	56610IA0010117	56610IA0010118	56610IA0010119	56610IA0010120	56610IA0010121	56610IA0010122	56610IA0010123	56610IA0010158	56610IA0010166	56610IA0010171	56610IA0010177	56610IA0010007	56610IA0010009	56610IA0010011	56610IA0010012	56610IA0010014	56610IA0010015
Inpatient	$0.04	$0.00	$0.00	$7.05	$1.03	$0.00	$0.00	$1.19	$4.35	$9.25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.06	$0.00	$0.00	$11.00	$1.61	$0.00	$0.00	$1.86	$6.79	$14.43	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.08	$0.00	$0.00	$14.56	$2.13	$0.00	$0.00	$2.46	$8.99	$19.10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.04	$0.00	$0.00	$7.83	$1.14	$0.00	$0.00	$1.32	$4.83	$10.27	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.01	$0.00	$0.00	$2.35	$0.34	$0.00	$0.00	$0.40	$1.45	$3.09	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.13	$0.02	$0.00	$0.00	$0.02	$0.08	$0.17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.05	$0.00	$0.00	$8.78	$1.28	$0.00	$0.00	$1.49	$5.42	$11.51	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.02	$0.00	$0.00	$3.65	$0.53	$0.00	$0.00	$0.62	$2.26	$4.79	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.01	$0.00	$0.00	$1.28	$0.19	$0.00	$0.00	$0.22	$0.79	$1.68	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.32	$0.00	$0.00	$56.63	$8.28	$0.00	$0.00	$9.58	$34.97	$74.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Average Current Rate PMPM	$176.26	$0.00	$0.00	$370.10	$413.85	$0.00	$0.00	$368.52	$326.83	$345.53	$0.00	$0.00	$356.54	$409.07	$0.00	$0.00	$0.00	$415.88	$418.64	$417.61	$493.92	$414.43	$414.17	$415.47	$494.43	$0.00	$403.51	$320.09	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Projected Member Months	130,668	0	1,333	1,679	1,679	1,679	1,679	1,075	1,075	1,075	1,075	1,075	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Section III: Experience Period Information

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	56610IA0010000	56610IA0010231	56610IA0010124	56610IA0010163	56610IA0010232	56610IA0010233	56610IA0010096	56610IA0010168	56610IA0010223	56610IA0010234	56610IA0010235	56610IA0010085	56610IA0010086	56610IA0010101	56610IA0010102	56610IA0010103	56610IA0010117	56610IA0010118	56610IA0010119	56610IA0010120	56610IA0010121	56610IA0010122	56610IA0010123	56610IA0010158	56610IA0010166	56610IA0010171	56610IA0010177	56610IA0010007	56610IA0010009	56610IA0010011	56610IA0010012	56610IA0010014	56610IA0010015
		Premium Information	Plan Adjusted Index Rate	$45.55	$0.00	$0.00	$349.59	$403.17	$0.00	$0.00	$332.50	$304.02	$321.13	$0.00	$0.00	$344.16	$398.04	$0.00	$0.00	$0.00	$413.77	$411.39	$409.57	$493.83	$410.11	$405.60	$403.60	$493.05	$348.36	$363.05	$297.02	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OK	142,635		Member Months	142,635	112,447	0	0	0	0	0	0	0	0	0	0	157	275	2	21	21	613	557	269	42	37	161	2	79	81	107	12	54	64	465	22	6	56
OK	$50,853,407		Total Premium (TP)	$50,853,407	$38,846,234	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$49,803	$94,672	$759	$6,176	$4,663	$264,255	$190,554	$107,069	$21,124	$17,015	$47,970	$605	$29,191	$23,040	$44,789	$3,204	$25,466	$29,167	$218,013	$10,007	$2,688	$27,477
			EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
OK	$45,981,716	Claims Information	Total Allowed Claims (TAC)	$45,981,716	$32,790,615	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$32,121	$31,182	$1,105	$1,858	$1,708	$186,435	$107,084	$39,444	$7,117	$12,040	$72,960	$17	$10,127	$12,017	$54,587	$2	$54,621	$49,144	$201,288	$46,949	$1	$102,729
			EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Allowed Claims which are not the issuer's obligation:	$10,208,921	$7,618,465	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$7,927	$7,405	$145	$626	$515	$47,705	$21,898	$9,255	$2,044	$2,722	$15,711	$18	$2,327	$4,951	$14,388	$0	$4,275	$5,868	$39,770	$5,673	$0	$3,948
			Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%
OK	$35,772,795		Total Incurred claims, payable with issuer funds	$35,772,795	$25,172,150	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$24,195	$23,778	$960	$1,231	$1,193	$138,730	$85,187	$30,189	$5,073	$9,318	$57,249	-$1	$7,800	$7,066	$40,198	$2	$50,346	$43,275	$161,518	$41,277	$1	$98,781
			Net Amt of Rein	-$320,928.75	-$253,005.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$353.25	-$618.75	-$4.50	-$47.25	-$47.25	-$1,379.25	-$1,253.25	-$605.25	-$94.50	-$83.25	-$362.25	-$4.50	-$177.75	-$182.25	-$240.75	-$27.00	-$121.50	-$144.00	-$1,046.25	-$49.50	-$13.50	-$126.00
			Net Amt of Risk Adj	-$469,480.45	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$1,947.31	-$3,701.68	-$29.69	-$241.48	-$182.31	-$10,332.37	-$7,450.67	-$4,186.40	-$825.95	-$665.28	-$1,875.63	-$23.65	-$1,141.38	-$900.85	-$1,751.23	-$125.29	-$995.71	-$1,140.42	-$8,524.31	-$391.28	-$105.09	-$1,074.36
OK	$ 250.80		Incurred Claims PMPM	$250.80	$223.86	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$154.11	$86.46	$479.95	$58.64	$56.82	$226.31	$152.94	$112.23	$120.77	$251.84	$355.59	-$0.70	$98.73	$87.23	$375.69	$0.16	$932.33	$676.18	$347.35	$1,876.21	$0.17	$1,763.95
OK	$ 322.37		Allowed Claims PMPM	$322.37	$291.61	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$204.59	$113.39	$552.50	$88.46	$81.35	$304.14	$192.25	$146.63	$169.44	$325.41	$453.17	$8.31	$128.19	$148.35	$510.16	$0.16	$1,011.50	$767.87	$432.88	$2,134.06	$0.17	$1,834.45
			EHB portion of Allowed Claims, PMPM	$322.37	$291.61	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$204.59	$113.39	$552.50	$88.46	$81.35	$304.14	$192.25	$146.63	$169.44	$325.41	$453.17	$8.31	$128.19	$148.35	$510.16	$0.16	$1,011.50	$767.87	$432.88	$2,134.06	$0.17	$1,834.45

Section IV: Projected (12 months following effective

Add Product Add Plan Validate Finalize

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	[illegible]	[illegible]	[illegible]	[illegible]	56610IA0010163	56610IA0010232	56610IA0010233	56610IA0010096	56610IA0010168	56610IA0010223	56610IA0010234	56610IA0010235	56610IA0010085	56610IA0010086	56610IA0010101	56610IA0010102	56610IA0010103	56610IA0010117	56610IA0010118	56610IA0010119	56610IA0010120	56610IA0010121	56610IA0010122	56610IA0010123	56610IA0010158	56610IA0010166	56610IA0010171	56610IA0010177	56610IA0010007	56610IA0010009	56610IA0010011	56610IA0010012	56610IA0010014	56610IA0010015
		Premium Information	Plan Adjusted Index Rate	[illegible]	[illegible]	[illegible]	[illegible]	$424.47	$440.84	$425.44	$380.18	$364.01	$422.46	$348.27	$351.20	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OK	130,668		Member Months	130,668	-	1,333	1,679	1,679	1,679	1,679	1,075	1,075	1,075	1,075	1,075	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WARNING	$50,442,465		Total Premium (TP)	$53,165,219	$0	$687,538	$720,606	$712,687	$740,178	$714,308	$408,690	$391,308	$454,143	$374,393	$377,545	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
OK	54,825,290	Claims Information	Total Allowed Claims (TAC)	$56,249,571	$0	$628,847	$742,793	$742,793	$742,793	$742,793	$445,259	$445,259	$445,259	$445,259	$445,259	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Allowed Claims which are not the issuer's obligation	$18,019,227	$0	$134,448	$224,616	$230,310	$210,542	$229,144	$151,376	$163,875	$118,691	$176,038	$173,772	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
OK	38,230,344		Total Incurred claims, payable with issuer funds	$38,230,344	$0	$494,399	$518,177	$512,483	$532,251	$513,649	$293,883	$281,384	$326,568	$269,220	$271,487	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	-		Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Net Amt of Risk Adj	-$1,442,575	$0	-$14,716	-$18,536	-$18,536	-$18,536	-$18,536	-$11,868	-$11,868	-$11,868	-$11,868	-$11,868	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
OK	$ 292.58		Incurred Claims PMPM	$292.58	#DIV/0!	$370.89	$308.62	$305.23	$317.00	$305.93	$273.38	$261.75	$303.78	$250.44	$252.55	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
OK	$ 419.58		Allowed Claims PMPM	$430.48	#DIV/0!	$471.75	$442.40	$442.40	$442.40	$442.40	$414.19	$414.19	$414.19	$414.19	$414.19	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			EHB portion of Allowed Claims, PMPM	$430.48	#DIV/0!	$471.75	$442.40	$442.40	$442.40	$442.40	$414.19	$414.19	$414.19	$414.19	$414.19	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Part I – Worksheet 2 (cont):